



03/19/2003 10:50:00 FILED/CERTIFIED

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) TRINA PIKE 205-884-2265 B. SEND ACKNOWLEDGMENT TO: (Name and Address) METRO BANK 800 MARTIN ST SO PELL CITY, AL 35128 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INST # 2000-39675 DATED 11/15/2000 FILED 1b. This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE# to be filed [for record] (or recorded) in the WITH SHELBY COUNTY JUDGE OF PROBATE REAL ESTATE RECORDS. 2. X TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new DELETE name: Give record name ADD name: Complete item 7a or 7b, and also name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. to be deleted in item 6a or 6b. litem 7c; also complete items 7d-7g (if applicable) 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME SUFFIX 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SHELTON CLARENCE III 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME OR 76. INDIVIDUAL'S LAST NAME SUFFIX FIRST NAME MIDDLE NAME COUNTRY POSTAL CODE STATE CITY 7c. MAILING ADDRESS 35078 HARPERSVILLE PO BOX 640 AL 7g. ORGANIZATIONAL ID #, if any ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7d. TAX ID#: SSN OR EIN ORGANIZATION NONE DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME METRO BANK SUFFIX FIRST NAME 96. INDIVIDUAL'S LAST NAME MIDDLE NAME 10. OPTIONAL FILER REFERENCE DATA